

BOARD OF POLICE COMMISSIONERS

**1125 LOCUST STREET
KANSAS CITY, MISSOURI 64106**

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DAVID V. KENNER

SECRETARY-ATTORNEY

March 1, 2016

Request For Proposal No. 2016-5

KANSAS CITY, MISSOURI POLICE DEPARTMENT AVIATION INSURANCE COVERAGE

The Board of Police Commissioners (BOPC), Kansas City, Missouri Police Department, extends an invitation to provide a proposal for Aviation Insurance to include aircraft hull liability, physical damage and terrorism risk coverage.

The requested policy will be for a one-year period, May 1, 2016 through April 30, 2017, with an option to renew for five (5) additional one-year periods, based upon mutually acceptable premiums and availability of funding.

TERMS AND CONDITIONS

1. Only bids received prior to the specified opening time and contained in a sealed envelope marked with the RFP number will be considered.

OPENING: 2:00 p.m., Tuesday, April 5, 2016

POLICE HEADQUARTERS BUILDING

2nd Floor

1125 LOCUST

KANSAS CITY, MISSOURI 64106

This Bid and any Addendums are available at www.kcpd.org

2. **Proposals delivered by courier will be accepted by the Purchasing Section, located on the second floor of Police Headquarters. Couriers will be required to sign-in at the first floor guard station. Couriers will be required to show a picture identification card. A visitor pass will be issued and the courier will be directed to the second floor.**
3. **Proposals will be received Monday through Friday, 8:00 a.m. to 3:00 p.m. The Kansas City, Missouri Police Department will not be accessible on holidays. The BOPC will NOT guarantee receipt of RFPs delivered to Police Department elements other than the Purchasing Section.**

4. This coverage will be awarded to one respondent.
5. It is the responsibility of the respondent to deliver the proposal or proposal modifications on or before the date and time of the receipt deadline. Bids will **NOT** be accepted after the date and time of closing except for extenuating circumstances as approved by Financial Services Commander.
6. The BOPC strives to notify all prospective respondents of any issued addenda. **It is important to note, however, that it remains the responsibility of the respondent to determine if any addenda have been issued and to obtain those addenda prior to submitting their proposal.**
7. **THE BOPC WILL NOT ACCEPT ELECTRONICALLY TRANSMITTED RFP'S.**
8. Any questions regarding the information outlined in this Request for Proposal must be submitted in writing, by fax or mail, to be received no later than **3:00 p.m., Tuesday, March 22, 2016.**

Fax Number: (816) 329-6904

Mailing Address: Board of Police Commissioners
ATTN: Faye Choate
1125 Locust
Kansas City, Missouri 64106

9. The BOPC encourages and recommends that bidders comply with the Affirmative Action Program as administered by the Director of Human Relations, City of Kansas City, Missouri.
10. The successful vendor must comply with all State of Missouri laws that are applicable in this area.
11. The BOPC encourages and recommends that bidders comply with the "Missouri Domestic Products Procurement Act", 34.350-34.359 RSMo.
12. **All respondents submitting proposals will be required to provide the information requested in this Request For Proposal. Any deviations must be clearly indicated. Additional information may be used in describing your service and may be attached to your proposal submission.**
13. The BOPC reserves the right to reject any and all proposals as well as determine the lowest and best proposal.
14. All proposals in their entirety and resulting records shall become the property of the BOPC. The respondents may not use this information for any reason without the expressed written consent of the BOPC.
15. Continuance of any Agreement, Contract, or issuance of Purchase Orders is contingent upon the availability of funding and allocation of City funds.
16. Respondents who require a contract after award of the RFP should submit a sample contract with their RFP(s).
17. Final award of the RFP will be determined through evaluation of the material quality, delivery schedule and price.

18. By submitting a response to this Request for Proposal, the vendor certifies that neither it nor its principals are suspended or debarred from contracting for goods or services that are to be purchased from federal awards.
19. In order to compare bids, bidders will submit their bids following the format listed below:

Table of Contents	
I.	Detailed Proposal
II.	Insurance Proposal for Aircraft Hull Liability to Physical Damage Coverage Form
III.	Insurance Identification Form
IV.	Cooperative Procurement Form
V.	Federal Award Verification Form
VI.	Reference Information Sheet
VII.	Vendor Application Information
VIII.	W-9 Request for Taxpayer Identification Number and Certification
20. Alternate proposals may be submitted, and if deemed advantageous to the BOPC, they may be evaluated and considered. The BOPC is under no obligation to consider or accept an alternate proposal.

Qualifications of Agent or Broker

1. Respondent must be licensed by the State of Missouri for writing type of coverage requested.
2. Respondent must engage full-time in the insurance business and maintain an office for conducting the same.
3. The Respondent's ability to service the BOPC business, as evidenced by insurance knowledge, experience, stability, staff and communications facilities will be considered in the analysis of quotations submitted.

Qualifications of Insurance Carrier

1. The Insurance Carrier must have an acceptable "Best's" rating or financially sound pool.
2. The Insurance Carrier must maintain facilities to service the policy.
3. The Insurance Carrier must be licensed to do business in the State of Missouri and provide proof of the same upon submission of this proposal.

FAILURE TO PERFORM

In the event the successful vendor fails to perform in accordance with the terms and conditions of this request for proposal, or if applicable, in the event the relationship between the respondent and the manufacturer is terminated and the respondent is unable to perform in accordance with the terms and conditions of this request for proposal, the respondent shall be responsible for any and all additional re-procurement costs to the BOPC.

TERMINATION OF CONTRACT

The successful vendor will permit cancellation by the BOPC for good cause upon thirty (30) days written notice. Such cancellation shall require approval by the BOPC. The Financial Services Unit Commander may suspend this contract pending subsequent approval of cancellation by the BOPC. Examples of good cause are:

- A. Major changes in user requirements.
- B. Repeated unsatisfactory service performed by the successful vendor, which is not rectified within a reasonable period of time.
- C. Unforeseen cancellation of a program

LIQUIDATION OF DAMAGES

If the successful respondent fails to deliver the equipment or perform the services within the time specified in this contract, or any extension thereof, the actual damage to the BOPC for the delay will be difficult or impossible to determine. Therefore, in lieu of actual damages, the successful respondent shall pay to the BOPC as fixed, agreed and liquidated damages for each calendar day of delay, the amount set forth below. In the event the successful respondent shall be liable, in addition to the excess costs, for such liquidated damages accruing until such time as the BOPC may reasonably obtain delivery or performance of similar equipment or services. The successful respondent shall not be charged liquidated damages when the delay arises out of causes beyond the reasonable control and without the faults of negligence of the successful bidder. The BOPC shall ascertain the facts and extent of the delay and shall extend the time for performance of the contract when in their judgment the findings of fact justify an extension.

- A. The liquidation damages are fixed and agreed to in the amount of Five Hundred Dollars (\$500.00) per calendar day of default. The total liability of liquidated damages shall not exceed five percent (5%) of the total contract price.
- B. There shall be two (2) events of default and the liquidated damages will occur on the first calendar day thereafter.
- C. The BOPC shall have the right to deduct the liquidated damages from any money due, or to become due, to the successful respondent, or to sue for and recover compensation for damages for nonperformance of this contract within the time stipulated.

SPECIFICATIONS

Specifications for named insured, general information, hull insurance values and liability coverage are attached.

BOARD OF POLICE COMMISSIONERS

A handwritten signature in black ink, appearing to read "Capt. Derek McCollum".

Captain Derek McCollum
Commander
Financial Services Unit

SPECIFICATIONS

NAMED INSURED

Michael C Rader, Leland M Shurin, Angela Wasson-Hunt, Alvin L Brooks and Mayor Sylvester James, or their officially appointed successors, in their official capacities as members of the Board of Police Commissioners of Kansas City, Missouri, Darryl Forté, or his officially appointed successor, in his official capacity as Chief of Police of the Kansas City, Missouri Police Department and each and every employee, servant, agent or independent contractor of the Board of Police Commissioners of Kansas City, Missouri or the Kansas City, Missouri Police Department.

AIRCRAFT HULL LIABILITY AND PHYSICAL DAMAGE

1. General Information

A. Aircraft

At the present time, the BOPC is insuring a total of three helicopters as listed below:

FAA Reg	Year	Make/Model	Type	Engine HP	Seats
N690PD	2012	MD 500E	Helicopter	420	4
N691PD	2012	MD 500E	Helicopter	420	4
N692PD	2012	MD 500E	Helicopter	420	4

The three aircraft are rotated in order to equalize number of flight hours per month per aircraft. Flight time is budgeted to fly 1800 hours per year with approximately 600 per aircraft per year. Flight hours per month are spent 90% use for aerial surveillance and 10% use for flight training.

Loss Experience, Past 5 Years - None

B. PILOTS FLIGHT HOURS AS OF January 2016:

Pilot	Certificate	Ratings	Total Flight Time	Total Turbine Helo	NVG Endorsed
Freestone, Wilford	Commercial Helicopter Private Airplane SEL	Instrument Helicopter Instrument Airplane	1000	600	Yes
Mak, Anthony	Commercial Helicopter		1905	1905	Yes
Cutburth, Sean	Commercial Helicopter CFI Helicopter Commercial Airplane SEL, MEL CFI, CFII, MEI Airplane	Instrument Helicopter Instrument Airplane	2750	1050	Yes
Mason, Dennis	Commercial Helicopter	Instrument Helicopter	2614	2614	Yes
Meyer, Dan	Commercial Helicopter CFI/CFII Helicopter	Instrument Helicopter	2072	2007	NVG Instructor
Colmar, Kevin	Commercial Helicopter Private Airplane SEL	Instrument Helicopter	1400	1346	Yes
Laws, Cord	Commercial Helicopter CFI Helicopter	Instrument Helicopter	3900	3450	Yes
Riley, Robert	Private Airplane SEL		150	16	Yes
Sineath, James	Commercial Helicopter Commercial Airplane SEL, MEL ATP Helicopters CFI Helicopters	Instrument Helicopter Instrument Airplane	16256	15187	NVG Instructor

2. Specifications

A. Hull Insurance Values

FAA Reg	Hull Value
N690PD	\$3,000,000.00
N691PD	\$3,000,000.00
N692PD	\$3,000,000.00

Rotors Not In Motion coverage for listed aircraft. Deductible of \$1,000.00. Alternate deductibles of \$2,500 and \$5,000 will be considered if deemed advantageous to the BOPC.

Rotors In Motion coverage with a deductible of \$75,000.00. Alternate deductibles will be considered if deemed advantageous to the BOPC.

Ingestion coverage with a deductible of \$75,000.00. Alternate deductibles will be considered if deemed advantageous to the BOPC.

B. Special Equipment

Each aircraft (3) has the following special equipment installed:

1. Forward looking Infrared Radar/Daylight Camera FLIR Model U8500
2. Trakka Corporation Model A-800 Searchlight System
3. ARS Tactical Mapping Computer and Display
4. Broadcast Microwave Downlink System

C. Liability Coverage

\$3,000,000 Each Occurrence for Single Limit Bodily Injury (including passenger) and Property Damage, \$3,000 Medical Pay Limit Per Person. (Should a training flight be in-progress and the aircraft is required for other work, the instructor will take command of the aircraft and coverage will revert to full limits of liability).

D. Admitted Liability – Guest Voluntary Settlement

\$50,000 Each Person including crew. Coverage is to remain in force for all uses including student instruction. Coverage is in addition to any benefit paid under Worker's Compensation.

E. Non-Ownership Liability Coverage

- A. The insurance applies to the liability of named insured, with respect to the operation of the aircraft described in paragraph 3 below:
 - 1. Such use is with the permission of any person having the right to grant such permission or, if used without such permission, such use is without the knowledge and consent of the BOPC, and
 - 2. The aircraft is not owned in whole or part by or leased under a long term lease or lease-option purchase agreement by the BOPC or any member of the named BOPC.
- B. Coverage afforded by this proposal shall not apply to any aircraft used by the insured for any purpose in which the insured directly or indirectly makes a charge to others.
- C. **A SPECIMAN COPY OF THE FORM MUST BE SUBMITTED WITH THE QUOTATION.**

3. Flight Training

Training within the Helicopter Section shall be a continuous process to promote a safe, efficient and productive operation.

While it shall be the responsibility of the Helicopter Section's Certified Flight Instructor and supervisors to provide the safety training for each watch, it is important that all personnel be alert and watchful of new members and guests during all operations. All personnel are responsible for safety and shall participate in all safety and training programs. Safety training in and around the hangar and flight line shall include, but not be limited by, the following:

- I. Fueling safety.
 - A. Do not refuel while aircraft is running, except in an emergency.
 - B. Explain and demonstrate ground wire connection.
- II. Use of fire extinguishers.
 - A. Identify and locate all unit fire extinguishers.
 - B. Explain and demonstrate use of each type of extinguisher.
- III. Methods of moving the helicopters to protect rotor blades, bubble and doors from damage.

Explain and demonstrate installation of ground handling wheels.
- IV. Safe operations around the aircraft while it is running to include safe approach to and departure from the aircraft.

- A. Explain and demonstrate aircraft parking procedures which provide the pilot with the best possible view of persons approaching the aircraft.
 - B. Explain and demonstrate way to approach the aircraft to remain in the pilots field of view.
- V. There will be no smoking in Department aircraft at any time.
- VI. Pilot Training
- A. The Section's chief flight instructor will be designated by the commander and will be responsible for ensuring that an ongoing pilot training program is established and followed.
 - B. The chief flight instructor will ensure that each shift holds at least one (1) hour pilot training session each month. These sessions will include flight safety, accident prevention, maintenance, and operating procedures.
 - C. The chief flight instructor will ensure that any information pertaining to flight safety, accident prevention, and/or maintenance is posted on the pilot's information bulletin board, and that the bulletin board be kept current and orderly.
 - D. The chief flight instructor will ensure that all training is entered in to computerized training files.
 - E. Additional flight instructors will be designated by the commander and will be under the direction of the chief flight instructor.
 - F. At least once a year, the section's chief flight instructor will be evaluated by an F.A.A. examiner, or outside flight instructor.
 - G. At least once a year, an F.A.A. examiner, or outside flight instructor will select any unit pilot for a check ride to determine the effectiveness of the unit's pilot training program.
 - H. At least once a year an FAA examiner, or outside flight instructor will review all records on the unit's pilot training program.

VII. Quarterly Pilot Training

- A. Each pilot will practice normal and emergency maneuvers on at least a quarterly basis. No autorotations with full touchdown will be practiced without a Certified Flight Instructor present. (Except hovering autorotations as approved by a Certified Flight Instructor.) Additionally, flight instructors in training are required to perform solo touchdown autorotations. These will only be accomplished after the CFI trainer signs off the student in the pilots log book.
- B. The quarterly practice for normal and emergency maneuvers will be scheduled with the Certified Flight Instructor and will be critiqued with him in the aircraft.
 1. Each pilot shall practice the following normal maneuvers:
 - a. Running Takeoff
 - b. Running Landing
 - c. Confined Area/Pinnacle Operations
 - d. Slope Operations
 - e. Rapid Deceleration
 - f. Autorotative Descents
 2. Each pilot shall review and practice the following emergency operations:
 - a. Power failure at a hover
 - b. Power failure at altitude
 - c. Partial power failure
 - d. Systems and equipment malfunctions
 - e. Anti-torque system failure
 - f. Settling-with-power
 - g. Low rotor RPM recovery
 - h. Dynamic Rollover
 - i. Ground resonance
 3. The flight instructor will orally review each of the above normal and emergency maneuvers with each pilot during the quarterly practice.

4. The flight instructor may have each pilot demonstrate any or all of the above maneuvers during the quarterly practice.
 5. Any deficiencies in the pilot's performance will be noted and additional practice sessions will be conducted until the pilot is proficient.
- C. Training records will be maintained by the chief flight instructor.

The quarterly practice will be recorded in the pilots training record. Any deficiencies and the corrective action taken will also be recorded in the pilots training records.

VIII. Semi-annual In-service Training

- A. All Helicopter Section personnel shall receive semi-annual training to be scheduled by the chief flight instructor. The training shall consist of at least one hour of flight instruction by the chief flight instructor, or his designee.
1. During the Semi-Annual Flight Training the flight instructor will orally review and observe each pilot performance in the following areas:
 - a. Preflight preparation
 - b. Ground operations
 - c. Hovering and maneuvering by ground references
 - d. Airport, Heliport, and traffic pattern operations
 - e. Flight Maneuvers
 - f. Emergency operations
 2. Any deficiencies in the pilot's performance will be noted and additional practice sessions will be conducted until the pilot is proficient.
- B. Training records will be maintained by the chief flight instructor, or his designee.

The semi-annual flight training will be recorded in the pilots training record. Any deficiencies and the corrective action taken will also be recorded in the pilots training records.

IX. Annual Check Rides

- A. A flight check ride will be administered annually to all pilots by the chief flight instructor, or his designee.
1. Annual check rides will consist of a combination of the information covered and maneuvers practiced during the quarterly and semi-annual flight reviews.
 2. The Annual check rides will be graded on a pass/fail basis. The F.A.A. practical test standard for commercial pilot rotorcraft-helicopter will be used to determine pilot proficiency.

3. All deficiencies in the pilot's performance will be noted and additional practice sessions will be conducted until the pilot is proficient.
 4. If a pilot demonstrates any deficiencies which were noted and corrected during the quarterly practice and/or the semi-annual training, the pilot may be removed from flight status if in the opinion of the chief flight instructor the demonstrated deficiency has become a flight safety hazard.
- B. Training records and check ride evaluations will be maintained by the chief flight instructor, or his designee.

The Annual Check ride will be recorded in the pilots training record. Any deficiencies and the corrective action taken will also be recorded in the pilots training record.

- C. Biennial Flight Reviews will be conducted concurrently with the annual check ride for all flight personnel. Biennial Flight reviews will be conducted by the chief flight instructor, or his designee, and entered in the pilot's logbook.
- X. Annual Flight Instructor Training

Flight instructors will be authorized to practice and take required biennial F.A.A. flight proficiency checks.

XI. Maintenance Information and Aviation Directives

Upon receipt of maintenance information or aviation directives, which involve flight safety or are pertinent to flight crews, the maintenance supervisor will distribute that information to flight crews. As part of, or concurrent with, semi-annual in-service training, the maintenance supervisor will conduct no less than one hour of instruction on these subjects. The maintenance supervisor will coordinate this training with the Chief Flight Instructor.

XII. Observer Training (New Personnel)

New personnel will be assigned to a watch supervisor who shall have the responsibility of directing the training of crew members in the observation techniques and aerial patrol. This shall include, but not be limited to, the following:

- A. Operation of aircraft equipment, such as radios, search lights, gyro binoculars, and thermal imaging systems.
- B. Different search patterns and methods of operation for such things as alarm calls, building searches, field searches for fleeing suspects both on foot and in vehicles, taking into consideration the time/distance when determining the area to search.
- C. Methods of identifying and locating stolen and wanted vehicles.

XIII. Pilot Training (New Personnel)

- A. The training of new pilots will depend on the funding of position(s), time availability and the needs of the Department.
- B. Flight Reviews for new pilots shall include, but not be limited to, the following:
 - 1. Emergency flight maneuvers
 - 2. Normal flight maneuvers
 - 3. Federal Aviation Regulations
 - 4. Owners Manual
 - 5. Aerodynamics of helicopter flight
 - 6. Hazards of helicopter flight
 - 7. Collision Avoidance
- C. Pilots must have at least 300 hours of pilot-in-command time to be considered for solo status. Pilots accumulating 300 hours of pilot-in-command time will be considered for solo status upon review and recommendation of the Chief Flight Instructor, unit supervisors and the commander of the Patrol Support Unit. Until reaching solo status the pilot will fly all police missions with a solo status pilot.

**Insurance Proposal For
Aircraft Hull Liability & Physical Damage Coverage**

SUBJECT: (1) The Invitation for Bids identified above and it's Schedule;

(2) The General Terms and Conditions of Insurance Coverage, all of which are incorporated as part of this bid. The undersigned bidder hereby offers and agrees to allow sixty (60) calendar days after the date of bid opening, for the Board of Police Commissioners to purchase the insurance described in said Request For Proposal for which price proposal is entered below:

AMOUNT BID \$ _____

DEDUCTIBLE \$ _____

The undersigned bidder on Aircraft Hull Liability & Physical Damage Insurance Coverage, warrants that the accompanying proposal, scheduled for receipt at your office on or before _____ conforms to the provisions of the Request For Proposal and that the proposal includes no modifications or deviation thereof or riders or qualifications and that the signature hereto agrees with that appended to the accompanying proposal.

Dated the _____ day of _____, 2016

Signature

Name of Respondent

INSURANCE IDENTIFICATION FORM

1. Firm submitting proposal: _____
2. Address: _____
_____ Phone _____
3. Name of person(s) submitting proposal: _____
4. Name of contact person(s) handling this account upon award of proposal:

5. Owner(s) of firm: _____
6. Number of personnel at address given above (in "2"): full-time insurance personnel _____
and part-time insurance personnel _____.
7. Number of years firm has existed _____ years. Number of years firm has operated in the
Kansas City Area _____ years. Number of years under present management _____ years.
8. Please list the insurance carrier for the requested coverage:

Name

Address

9. Is the respondent licensed to do business in the State of Missouri _____.
(Please provide proof of same with this quotation submission).
10. Is the carrier licensed to do business in the State of Missouri _____.
(Please provide proof of same with this quotation submission).
11. Provide insurance carrier's "Best" rating (or equivalent financial
information) _____

Name of Person Completing Form

Date

COOPERATIVE PROCUREMENT WITH OTHER JURISDICTIONS:

1. This section is optional, it will not affect bid award. If the Board of Police Commissioners awarded you the proposed contract, would you sell the exact items as specified in this proposal, under the prices and terms of this contract to any Municipal, County, Public Utility, Hospital, Educational Institution, or any other non-profit organization having membership in the Mid-America Council of Public Purchasing (MACPP) and located within the Greater Kansas City Metropolitan Trade Area? (All deliveries shall be F.O.B. Destination and there shall be no obligations on the part of any member of said Council to utilize this Contract).

YES _____ NO _____

INITIALS: _____

2. Sales will be made in accordance with the prices, terms, and conditions of the Invitation for Proposal and any subsequent term contract.
3. There shall, however, be no obligation under the cooperative procurement agreement for any organization by MACPP to utilize the proposal or contract unless they are specifically named in the Invitation for Proposal as a joint respondent.
4. All sales to other jurisdictions will be made on purchase orders issued by that jurisdiction. All receiving, inspection, payments and other contract administration will be the responsibility of the ordering jurisdiction.
5. The Principal Contracting Officer (PCO) is responsible to handle the solicitation and award the contract. The Board of Police Commissioners has sole authority to modify the contract and the PCO to handle disputes regarding the substance of the contract. The PCO is Trina Canady, Kansas City, Missouri Police Department.
6. Each jurisdiction that is a party to the joint bid has authority to act as Administrative Contracting Officer with responsibility to issue purchase orders, inspect and receive goods, make payments and handle disputes involving shipment to the jurisdiction.

Federal Award Verification Form

Name of Company

Street

Address:

City, State, Zip Code:

Phone Number: __ (____) _____

We here by certify:

Vendor certifies that neither it nor its principals are suspended or debarred from contracting for goods or services that are purchased from federal awards.

Signature of Authorized Person Certifying

Date

Print Name and Title

REFERENCE INFORMATION SHEET

List current customer references that acquired services and products from your company.

1. Company Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Description of services and or products purchased through your company:

2. Company Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Description of services and or products purchased through your company:

REFERENCE INFORMATION SHEET

List current customer references that acquired services and products from your company.

3. Company Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Description of services and or products purchased through your company:

4. Company Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Description of services and or products purchased through your company:

**VENDOR APPLICATION / INFORMATION UPDATE FORM
KANSAS CITY, MISSOURI POLICE DEPARTMENT**

Name of Organization (as registered with IRS):

Registered Name: _____
Address: _____ Phone: (____) _____
City, State & Zip: _____ Fax: (____) _____
Web Site: _____ Email: _____

List Any applicable "Doing Business As" ("DBA") Names:

Vendor Category:

☐ Manufacturer ☐ Wholesaler ☐ Retailer ☐ Distributor ☐ Service

Vendor Type:

☐ Individual ☐ Partnership ☐ Corporation

Minority Business: ☐ Yes ☐ No

Type: ☐ African American ☐ Asian ☐ American Indian ☐ Hispanic
☐ Other (Specify: _____)

Woman Owned Business: ☐ Yes ☐ No

If you answered yes to either of the above questions, You **MUST** indicate below, the primary agency with which your special status is registered.

Payment Terms:

Old Addresses: If this is an update request, there may be an attached list of all addresses currently on file for your company. If so, please make any corrections or deletions directly on the sheet and return it with this form.

New Addresses: Please list ALL addresses, not on the above-mentioned attachment, for your company on a separate sheet. You must clearly indicate to which address orders and bids should be sent and to which addresses payments should be sent. If any part of your "DBA" names has addresses associated with them, please indicate. Each address **MUST** have an accompanying phone number (including FAX number if applicable)

W-9 Information: You **MUST** complete and return the enclosed Form W-9 regardless of whether or not you will be providing any services you feel qualify you to receive a Form 1099. If you are incorporated, please indicate so in the name block and in the vendor type of the form

Date You Signed This Form: _____

Name, Title and Phone Number of Person Completing This Form:

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 4.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the crest on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,